

Name
in
Full

CERTIFICATE OF DEATH

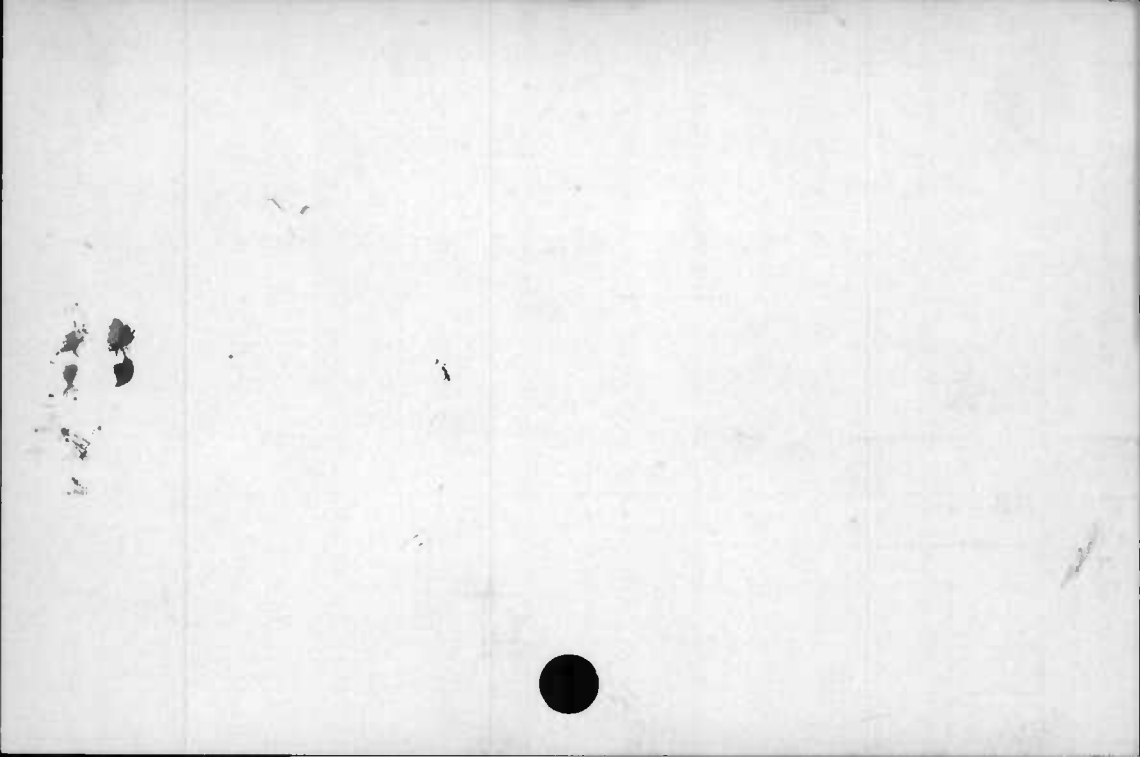
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		2	15	56			
Sex	Female	Color or Race	White		Birth-place		
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name	Bower				Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Ebe Holland				How related to deceased		
				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
<p>Paralysis (66)</p> <p>203 weeks</p> <p>Ebe Holland</p> <p>Berlin, Md</p>	
<p>Accident or Suicide</p>	



Name
in
Full

CERTIFICATE OF DEATH

John C. Barnes

Town

County

MARYLAND

Died at

Pocomoke City

Worcester

Date

of death *1906*

Month

Feb

Day

24

Age

Years

83

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Lancaster, Pa

Occupation

Marshall

Where Residing If not
at place of death

Pocomoke City

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

—

Father's
Name

Don't know

Father's
Birthplace

Gumary

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Lancaster, Pa

Name of person giving
In formation

Francis S. Barnes

How related
to deceased

Son in law

(91)

CAUSES OF DEATH

Primary

Chronic Bronchitis Asthma

How long

Fifteen years

Immediate

General prostration

How long

Months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

R. H. Stael

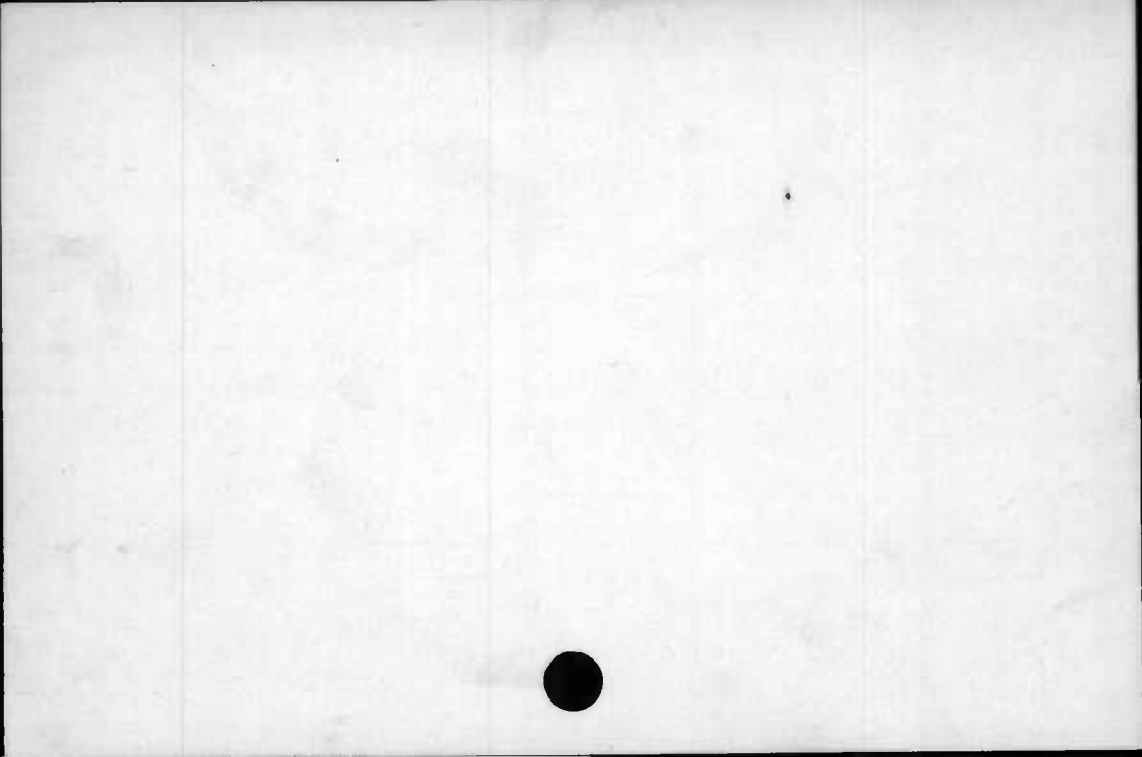
Address

Pocomoke City, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Olevia Beauchamp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	25	53			
Sex	Female	Color or Race	Colored	Birth-place	Accomac Co. Va		
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
James Beauchamp							
Father's Name	James Mannington			Father's Birthplace	Accomac Co. Va		
Mother's Maiden Name	Louisa Fletcher			Mother's Birthplace	Accomac Co. Va		
Name of person giving information	Geo W. Mannington			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of the uterus	How long	12-18 months
Immediate	General prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R Lee Hall
		Address	Pocomoke City, Md
Accident or Suicide?			



Name
in
Full

Charles H. Benson

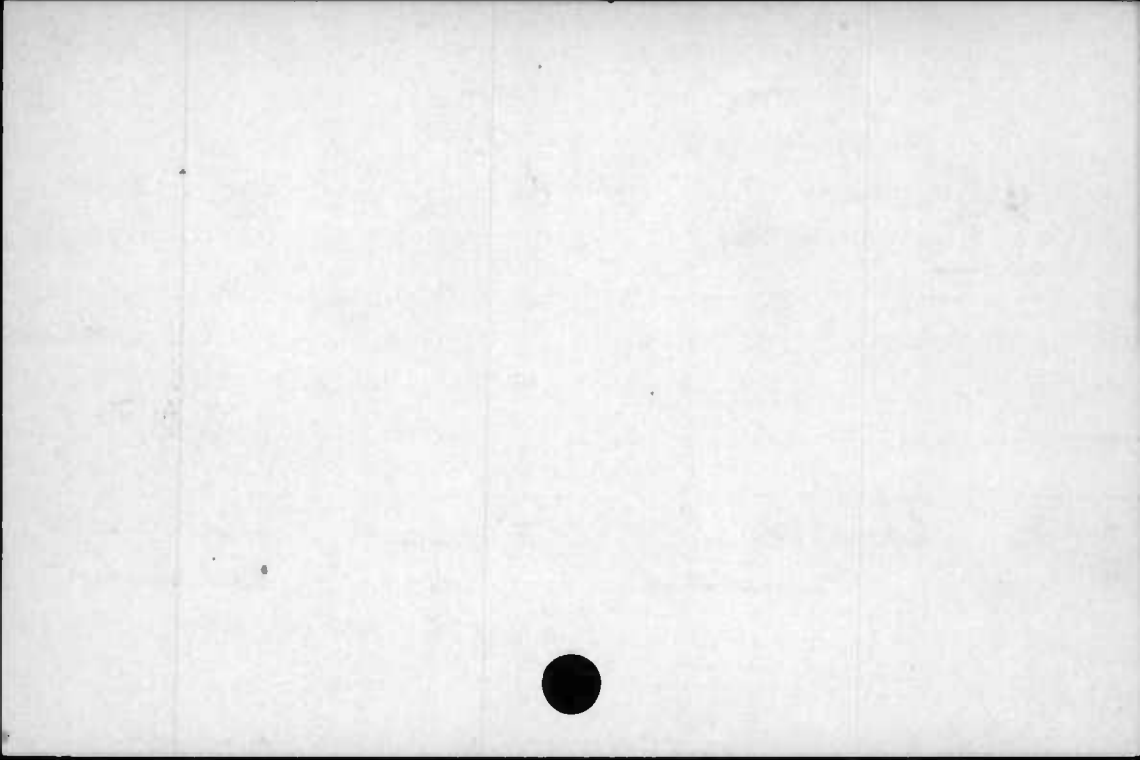
CERTIFICATE OF DEATH

Died at <i>Stockton</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Feb</i>	Day	<i>27</i>
Age	<i>33</i>	Years	<i>33</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Com. Merchant</i>	Where Residing if not at place of death		<i>St Louis Mo</i>	
Married, Yes <i>No</i>	Name of Wife or Husband		<i>Dora. Parker</i>		
Father's Name	<i>Jas. B. Benson</i>			Father's Birthplace	<i>New York</i>
Mother's Maiden Name	<i>Rebecca. Berkshire</i>			Mother's Birthplace	<i>Indiana</i>
Name of person giving information	<i>James B. Benson</i>			How related to deceased	<i>Father</i>

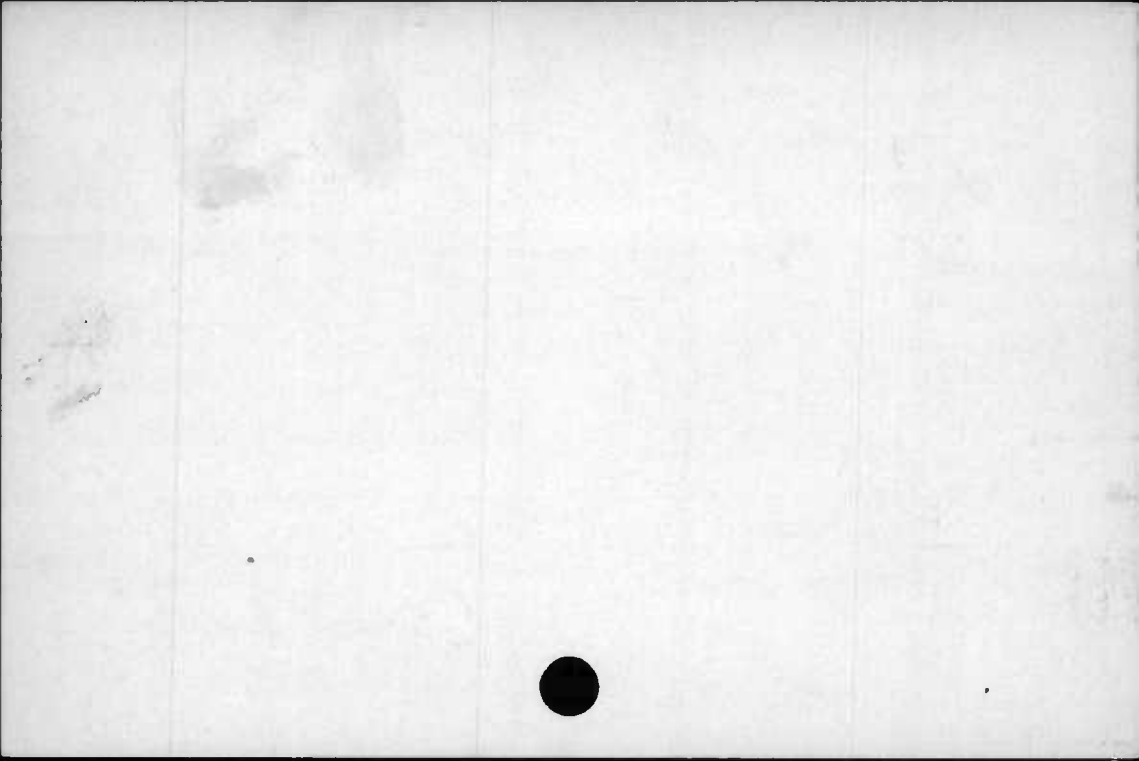
CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. D. Dickerson M.D.</i>
		Address	<i>Stockton Worcester Co Md</i>
Accident or Suicide?			

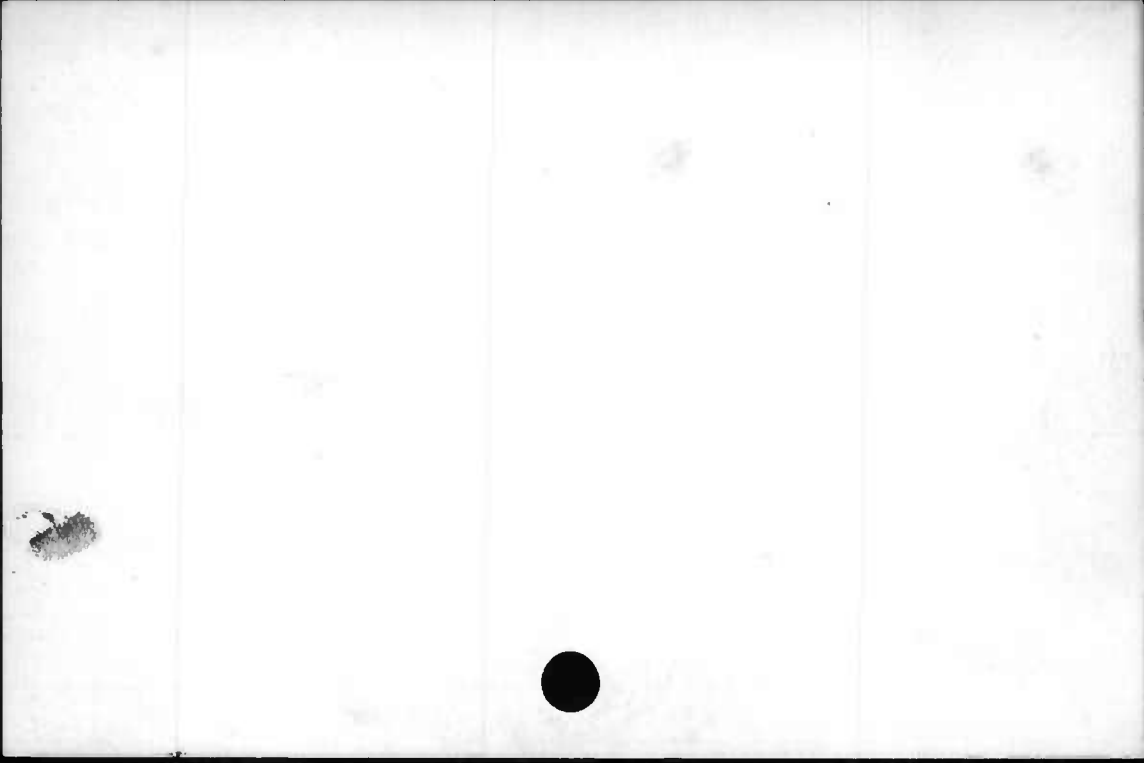
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Bethards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	Libertytown		Wor		County	
	Date of death		1906	Month	Feb	Day	15
					Year	78	Age
	Sex		Female		Color or Race		White
	Occupation		Housewife		Birth-place		Mass
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name				Father's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
	CAUSES OF DEATH						
	Primary	Chronic Bronchitis				How long	4 years
Immediate	Pneumonia				How long	2 weeks	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		C. W. Drickson	
				Address		Berlin Md	
Accident or Suicide?							



Name in Full		William L Blades		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Pocomoke</i>		Town <i>Worcester</i>		County	
	Date of death <i>1906 Feb. 17</i>		Month	Day	Years	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Where he died</i>	
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or <i>Emmett Pilchard</i>			
	Father's Name <i>Levin Blades</i>		Father's Birthplace <i>Worcester, Md</i>			
	Mother's Maiden Name <i>Sallie Redden</i>		Mother's Birthplace <i>Worcester, Md</i>			
Name of person giving Information <i>Martin Landing</i>		How related to deceased <i>Son in law</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Brain disease</i>		How long <i>10 years</i>		<i>(6)</i>	
	Immediate <i>Paralysis</i>		How long <i>3 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edgar J. Costen</i>			
			Address <i>Pocomoke City Md</i>			
	Accident or Suicide?					



Name
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Full

CERTIFICATE OF DEATH

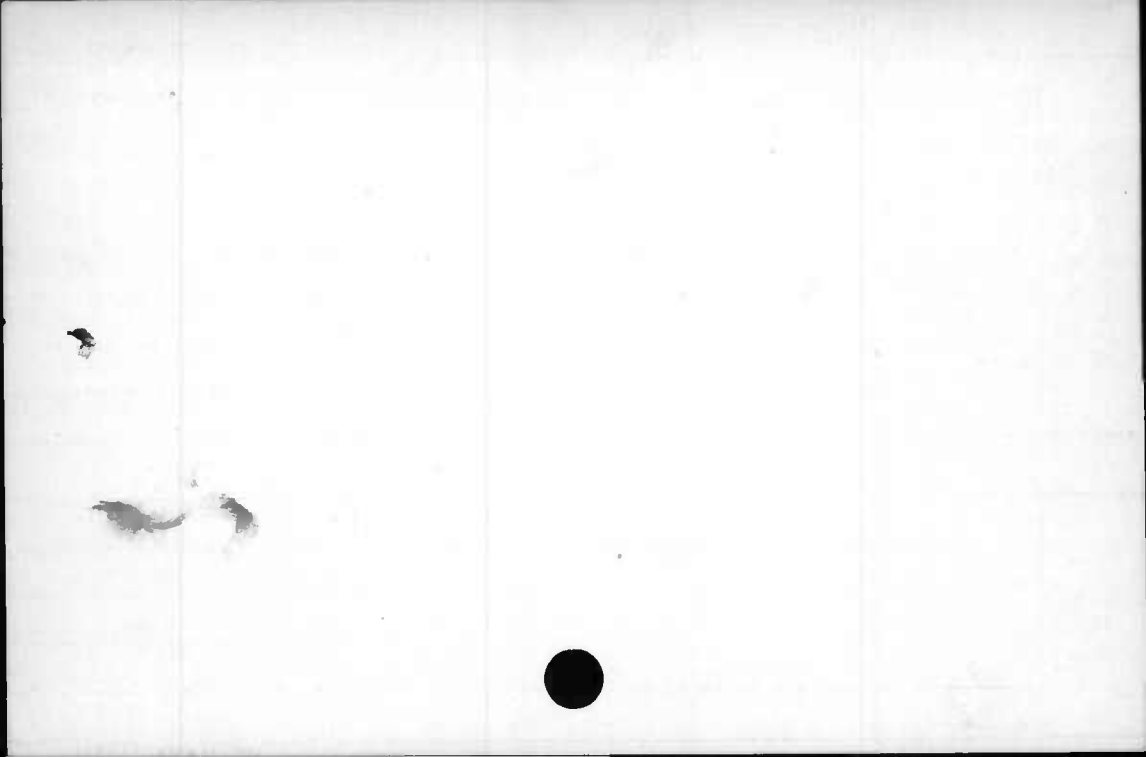
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>By</i> <i>Fredera Cropper</i> ^{Town} <i>Barboursville</i>		<i>By</i> <i>Worcester</i> ^{County}		MARYLAND	
Date of death 1906	<i>By</i> <i>June</i> ^{Month}	Day <i>7</i>	Age <i>6</i> ^{Years}	Months <i>6</i>	Days
Sex <i>By</i> <i>Female</i>	Color or Race <i>By</i> <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>Bonith Cropper</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Effie Collins</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>George Williams</i>			How related to deceased <i>Great uncle</i>		

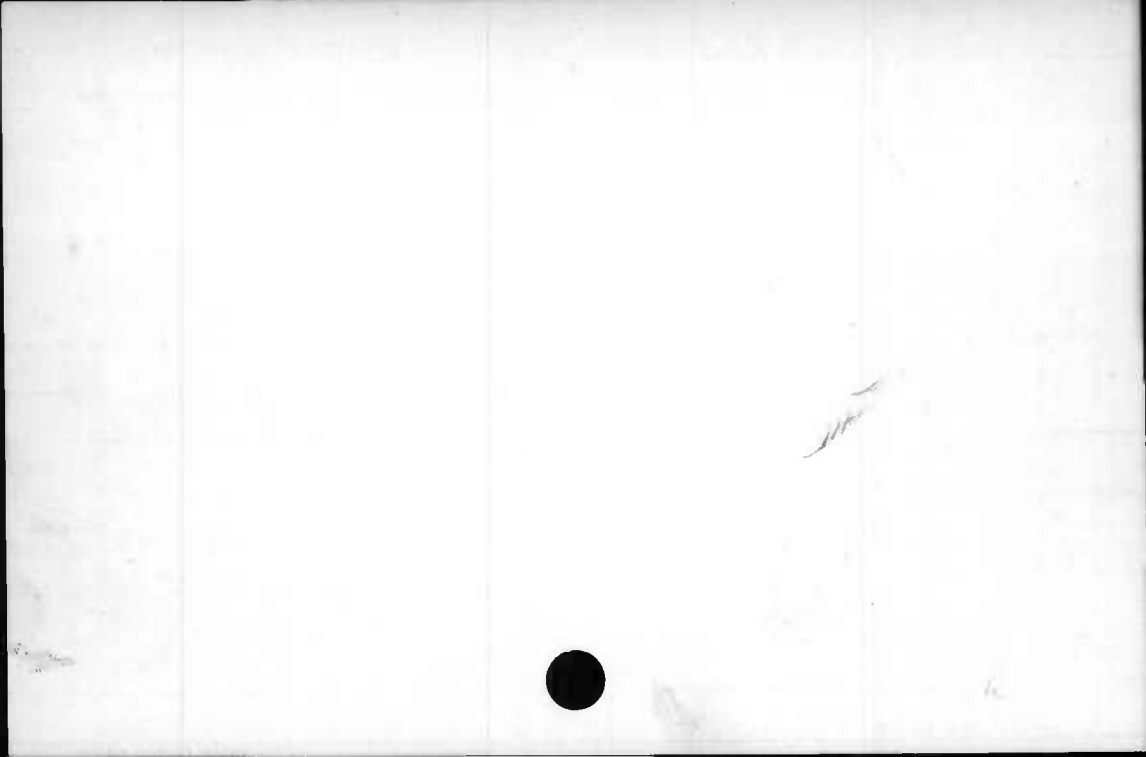
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	(179)	How long <i>two days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. P. Collins</i>	Address <i>Barboursville Md</i>
<i>R. P. Collins Barboursville</i>		
Accident or Suicide? <i>no</i>		



Name in Full		Elizabeth J. Dunkin				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND								
	by Whaleyville				by Worcester										
	Date of death 1906	Month	Day	Age	Years	Months	Days								
	Feb		9		92										
	Sex	Female		Color or Race	Colored		Birth-place	Maryland							
	Married, Single or Widowed	Widowed			Occupation	House work									
	Name of Wife or Husband										Mother Dunkin				
	Father's Name										Father's Birthplace				
Mother's Maiden Name										Mother's Birthplace					
Name of person giving information										Paynter mother		How related to deceased		None	
CAUSES OF DEATH															
PHYSICIAN OR CORONER	Primary						How long								
	Immediate						How long								
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician								
	T. Bayne Bishopville						Sub Bishopville								
Address															
Accident or Suicide?						Chd.									



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

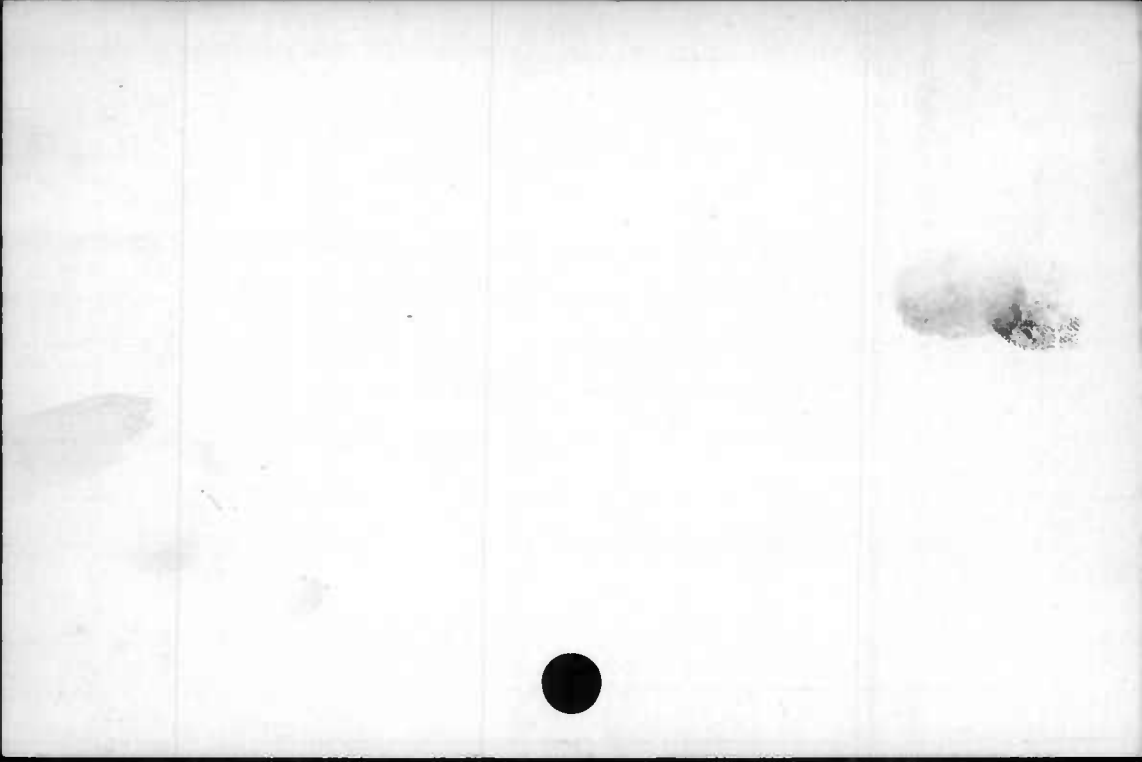
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bishopville</i>		Town <i>Bishopville</i>		County <i>Worcester</i>	
Date of death 1906	Month <i>Feb</i>	Day <i>23</i>	Age <i>55</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farming</i>		
Name of Wife or Husband <i>Marie Fisher Gaden Name</i>					
Father's Name <i>General Gaden</i>				Father's Birthplace	
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace	
Name of person giving information <i>Paynter Watson</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. P. Collins</i>
<i>P. Bayan Bishopville</i>	Address <i>Bishopville</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name
in
Full

Christian Henry Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

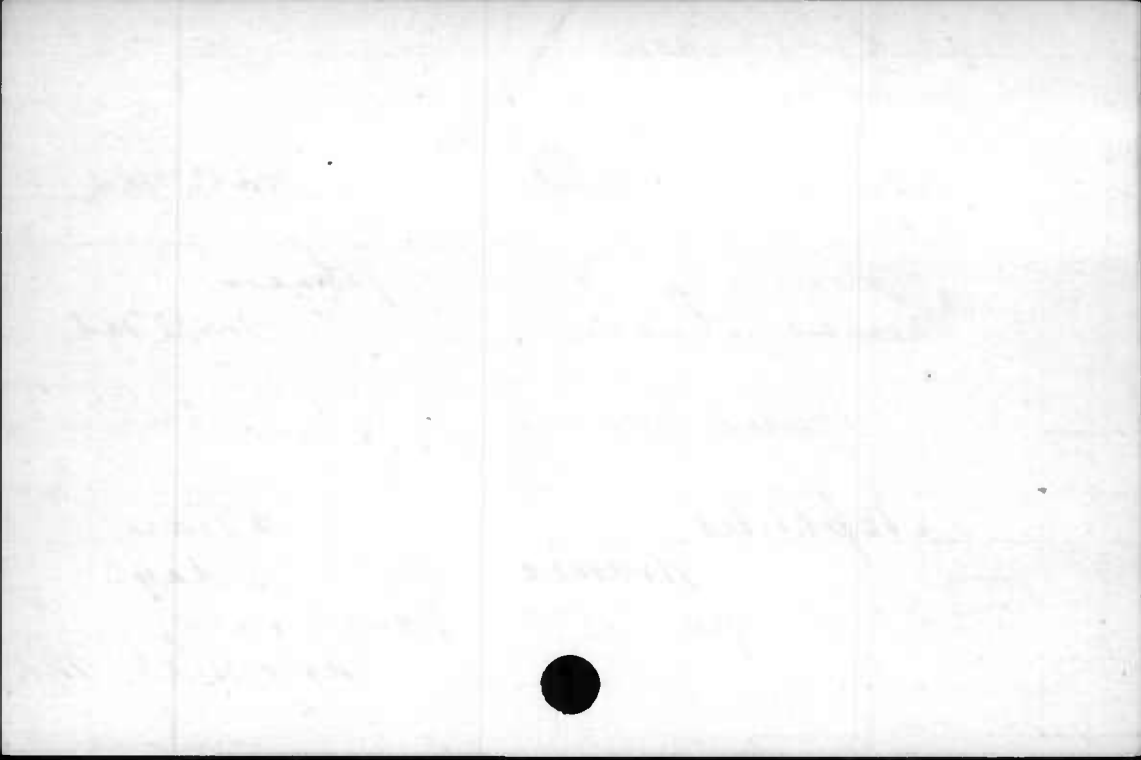
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Feb	10	Age	2		
Sex		Color or Race		Birthplace			
Male		Colored		Maryland			
Occupation		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Sydney Hunt		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Phobia Hunt		Md					
Name of person giving information		How related to deceased					
Sydney Hunt		Father					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	✓
Immediate	Pneumonia	How long	✓
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. D. Stranglin	
		Address	
		Snow Hill - Md	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

Bessie Francis James

Died at

Pocomoke City

Town

County

Wicomico

MARYLAND

Date

of death 1906

Month

2

Day

27

Age

Years

36

Months

Days

Sex

female

Color or
Race

colored

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of
Husband

George H. James

Father's
Name

Calvin Dickerson

Father's
Birthplace

Md

Mother's
Maiden Name

Harriet F. Scholfield

Mother's
Birthplace

Md

Name of person giving
information

George H. James

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

How long

1 year

Immediate

collapse

How long

2 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. M. Wilson

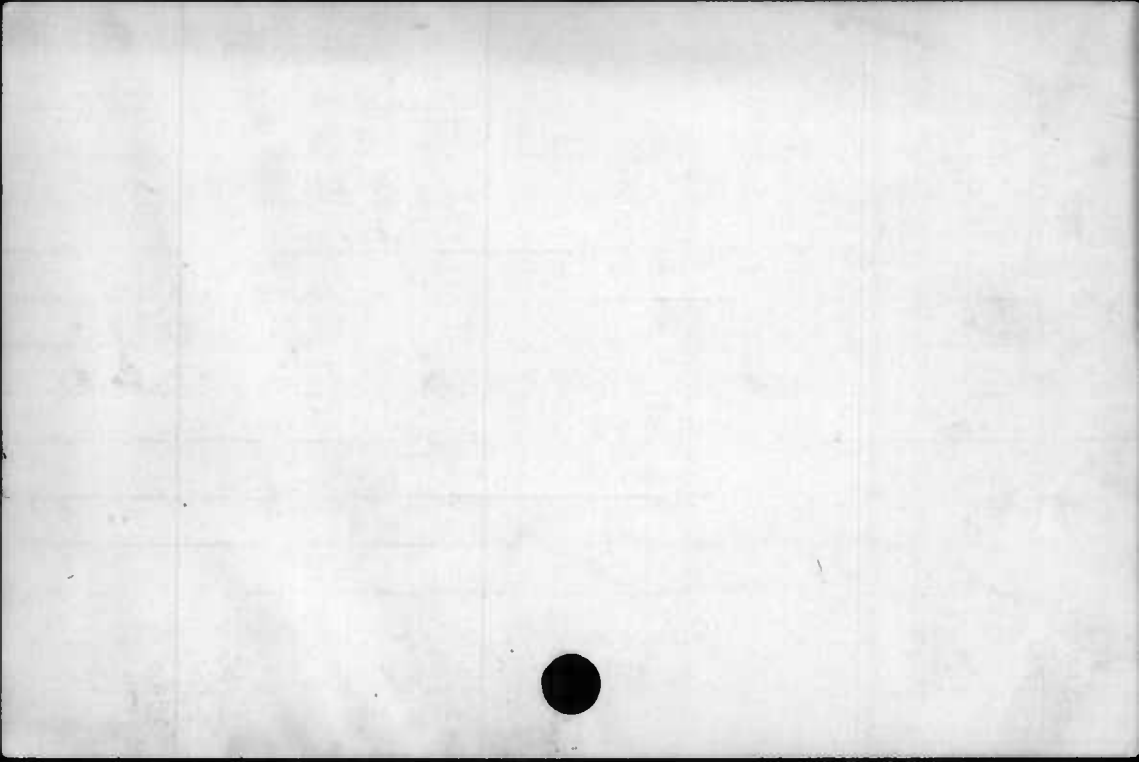
Address

Pocomoke City

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

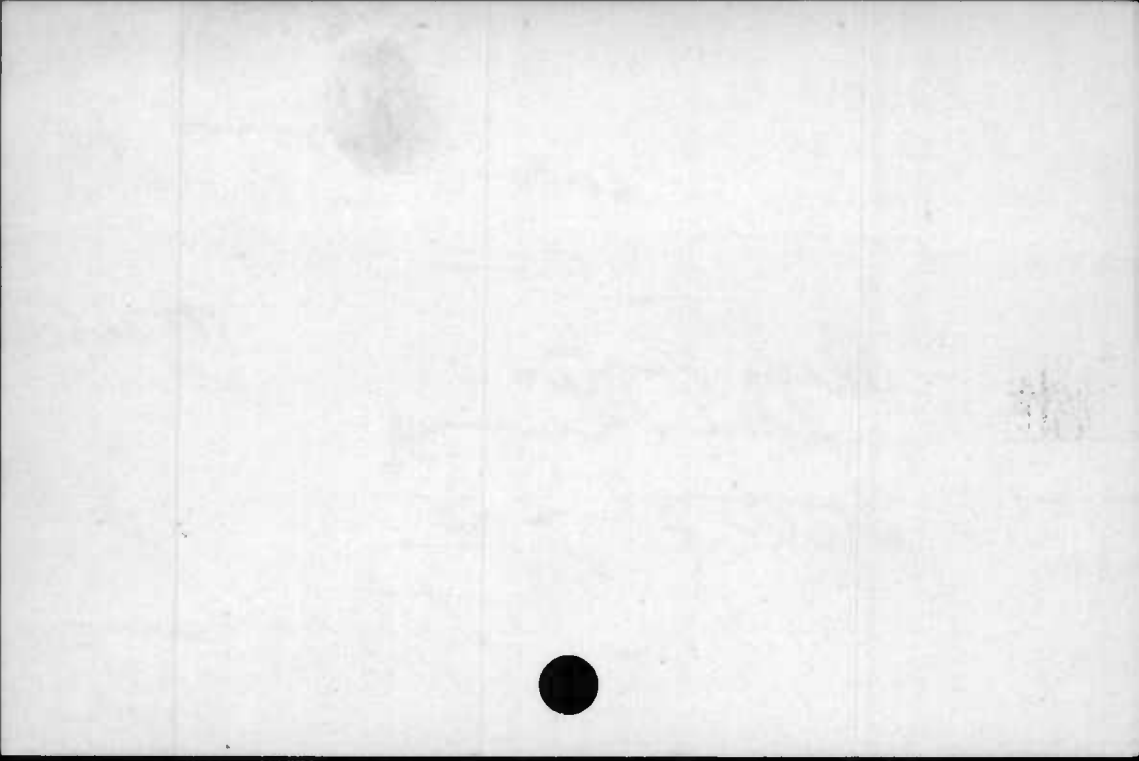
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i>		Town <i>Jones</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906 Feb</i>		Month <i>Feb</i>		Day <i>16</i>		Age <i>8 mo</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Wor Co</i>		Months <u> </u> Days <u> </u>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Paul Jones</i>				Father's Birthplace <i>Wor Co</i>			
Mother's Maiden Name <i>Miss Whittington</i>				Mother's Birthplace <i>Wor Co</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Trinititis, Indigestion - Lethargy</i>		How long	
Immediate <i>Meningitis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. Drickson</i>	
		Address <i>Berlin Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Unnamed Matthews</i>		County <i>No. 1</i>		MARYLAND	
Died at <i>Pocomoke city</i>		Town <i>No. 1</i>			
Date of death	190 <i>6</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>still born</i>	Years <i>0</i> Months <i>0</i> Days <i>0</i>
Sex		Color or Race <i>colored</i>	Birth-place <i>Pocomoke city</i>		
Occupation	<i>infant</i>		Where Residing if not at place of death <i>W</i>		
Married, Single or Widowed <i>W</i>	Name of Wife or Husband				
Father's Name <i>Benj Matthews</i>	Father's Birthplace <i>North Carolina</i>				
Mother's Maiden Name <i>Mary Porter</i>	Mother's Birthplace <i>W</i>				
Name of person giving information <i>Samuel S. Lunn</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel S. Lunn</i>	Address <i>Pocomoke city Md</i>
Accident or Suicide?		



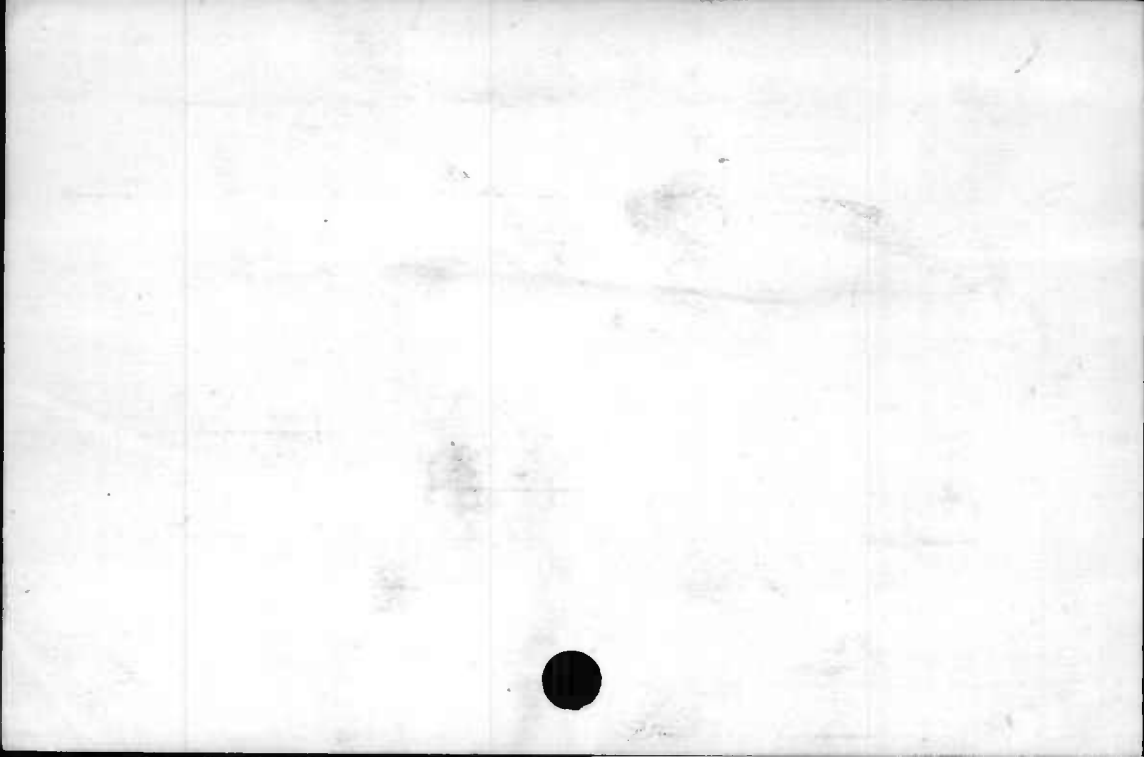
Name
in
FullFrank Megregory child 2/23/87
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>home</u> ^{Town} <u>Bethel</u> ^{County}		MAYLAND			
Date of death <u>1904</u>	Month <u>7</u>	Day <u>5</u>	Age <u>3</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Frank Megregory</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Ellen Linnack</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Frank Megregory</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>No In attendance</u>	Address
Accident or Suicide? <u>Le. J. Evans undertaker</u>	



Name

John William Menford

CERTIFICATE OF DEATH

Town

County

Died at

Bishopville

Age

66

MARYLAND

Date

of death 1906

Month

Feb

Day

8

Years

Months

Days

Sex

Male

Color or Race

White

Birth-place

Maryland

Married, Single or Widowed

Married

Occupation

Lecturer

Name of Wife or Husband

Nancy Iphigene Maden Lane

Father's Name

Josiah Menford

Father's Birthplace

Maryland

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

L. Bayne

How related to deceased

2 years

CAUSES OF DEATH

Primary

How long

Two years

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. P. Collins

Address

Bishopville

Accident or Suicide?

No

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Geo Outen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Snow Hill</u> ^{Town}		<u>Winchester</u> ^{County}			
Date of death <u>1906</u>	<u>Feb</u> ^{Month}	<u>13th</u> ^{Day}	<u>16</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Snow Hill</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Wm Outen</u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs</u>	How long <u> </u>
Immediate <u>Hemorrhage from Lungs.</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W R Elliott</u>
	Address <u>Snow Hill Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Annie M. Parker

CERTIFICATE OF DEATH

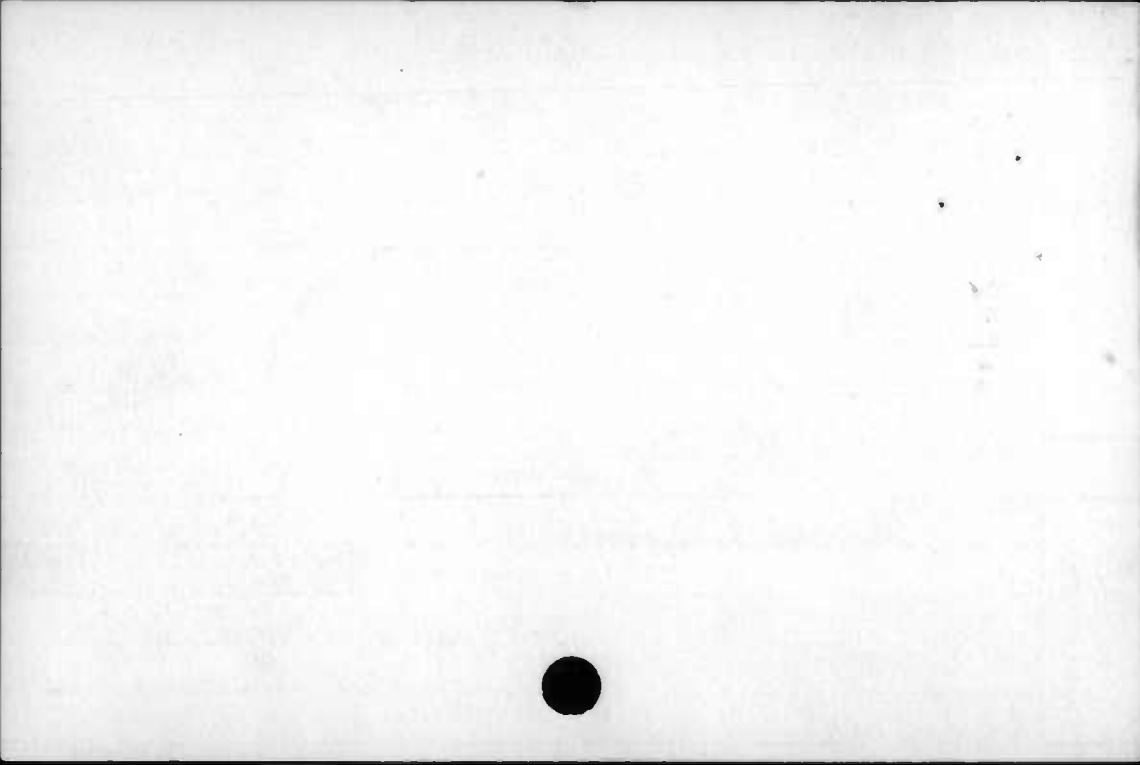
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death	1906	Month Feb	Day 15	Age 3	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Snow Hill Md
Occupation	None			Where Residing if not at place of death		Snow Hill Md	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William J. Parker or Cookin				Father's Birthplace	Snow Hill Md	
Mother's Maiden Name	Grace Parker				Mother's Birthplace	Streeton Md	
Name of person giving Information	William J. Parker				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burned to death	How long	167	How long	Few minutes
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
	Address				
Accident or Suicide?	Accident				
	J. L. Jones				



Name
in
Full

Ambrose Pursell

CERTIFICATE OF DEATH

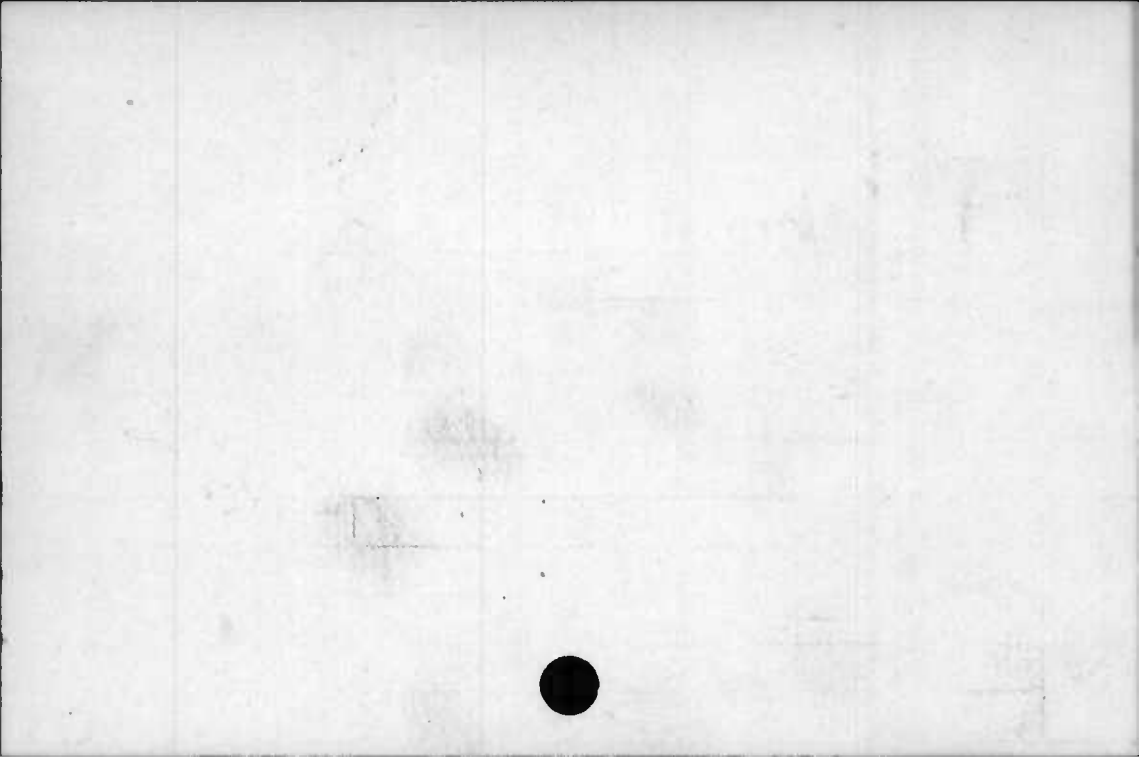
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1906	2	21	79		
Sex	Color or Race		Birth-place		
Male	Blk.		Md		
Occupation	Where Residing if not at place of death				
Laborer		Home			
Married, Single or Widowed	Name of Wife or Husband				
Widower					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
Wm Powell		None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	Don't know
Immediate	Bright's disease	How long	a few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. C. C. C.	
		Address	
		Berlin, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Not-Name'd Rhue

Died at ^{Town} Near Pocomoke City - ^{County} Worcester

MARYLAND

Date of death 1906 Month July Day 28 Age Years Months Days

Sex Girl Color or Race Colored Birth-place Worcester-co

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Bessie Rhue Father's Birthplace Worcester-co

Mother's Maiden Name Carrie Ballan Mother's Birthplace Worcester-co

Name of person giving information Annie Hardy How related to deceased None

CAUSES OF DEATH

Primary Still Born? How long

Immediate How long

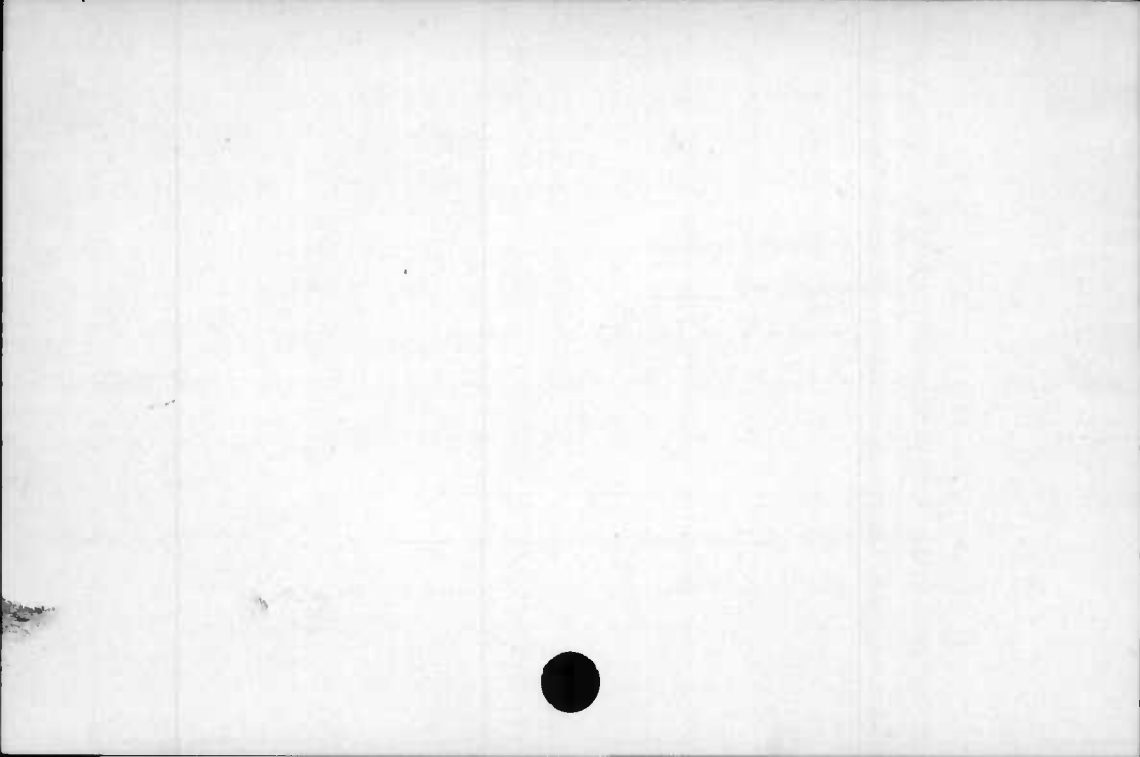
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary C. Sanders				CERTIFICATE OF DEATH	
Died at		near Pocolunoke City		Town		County	
Date of death		1906		Month 2		Day 23	
Age		23		Years		23	
Sex		Female		Color or Race		white	
Occupation		Stenographer		Birth-place		Md.	
Where Residing if not at place of death		—					
Married, Single or Widowed		single		Name of Wife or Husband		—	
Father's Name		Henry Sanders		Father's Birthplace		Md.	
Mother's Maiden Name		Mary C. Collins		Mother's Birthplace		Md.	
Name of parson giving information		How related to deceased					

CAUSES OF DEATH			
Primary		Tuberculosis	
Immediate		Sudden Collapse	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Wilson, M.D.	
Address		Pocolunoke City	
Accident or Suicide?		—	



Name
in
Full

Mary E Showell

CERTIFICATE OF DEATH

Town

County

Died at *Nick Campbell**Worcester*

MARYLAND

Date

of death 1906

Month

Feb

Day

6

Age

Years

84

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Maryland*Married, Single
or Widowed*Widowed*

Occupation

*House work*Name of Wife or
Husband*Bertie Showell*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*—*Mother's
BirthplaceName of person giving
in formation*Paynter Watson*How related
to deceased*Son*

CAUSES OF DEATH

Primary

How long

Immediate

How long

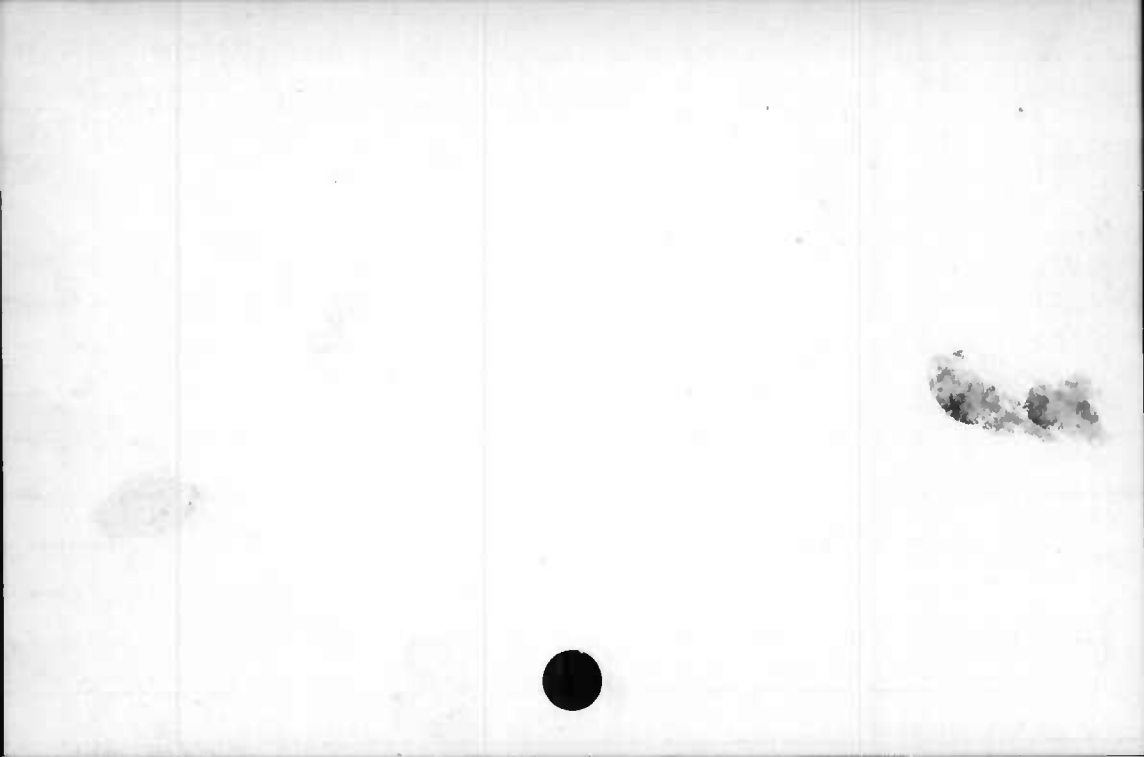
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

T Bayne Bishopville*State Route 100*

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

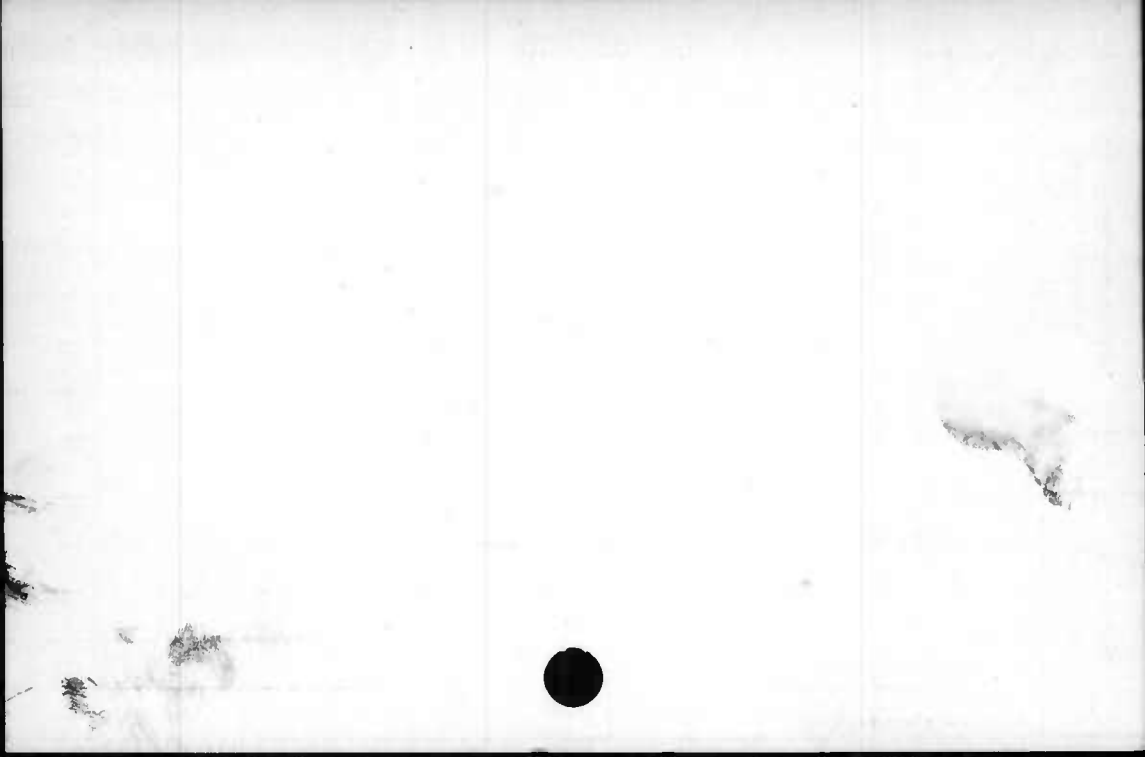
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Campbell</i>		Town <i>Campbell</i>		County <i>Worcester</i>		MAYLAND	
Date of death 1906	Month <i>Feb</i>	Day <i>18</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>House work</i>				
Name of Wife or Husband <i>Miner Shewell</i>							
Father's Name <i>Dont know</i>				Father's Birthplace			
Mother's Maiden Name <i>Dont know</i>				Mother's Birthplace			
Name of person giving information <i>Peynter Watson</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 179 </div>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>	
<i>T. Bayne Bishopville</i>	Address <i>Jeremiah Camp S. R., Bishopville Md</i>	
Accident or Suicide? <i>Ind</i>		



Name
in
FullNancy ~~Spence~~ Spence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Berlin* TownCounty *Harchester*

MARYLAND

Date
of death *1906*Month
*2*Day
*18*Years
Age *28*

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Jno Spence*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Eba Holland*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

How long

Immediate

Tuberculosis

How long

*2 years*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*The Holland
Berlin
Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma Garrison Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at Beaver Dam

County

Worcester

Date

of death

1906

Month

Feb

Day

6

Age

Years

25

Months

Days

Sex

Female

Color or
Race

white

Birth
place

Accomac Co. Va

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of wife or
husband

Jrs. C. Taylor

Father's
Name

Wm Russell

Father's
Birthplace

Va

Mother's
Maiden Name

Catherine Ann Custer

Mother's
Birthplace

Va

Name of person giving
information

Jrs. C. Taylor

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid fever

How long

12 days

Immediate

Sudden collapse

How long

3 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

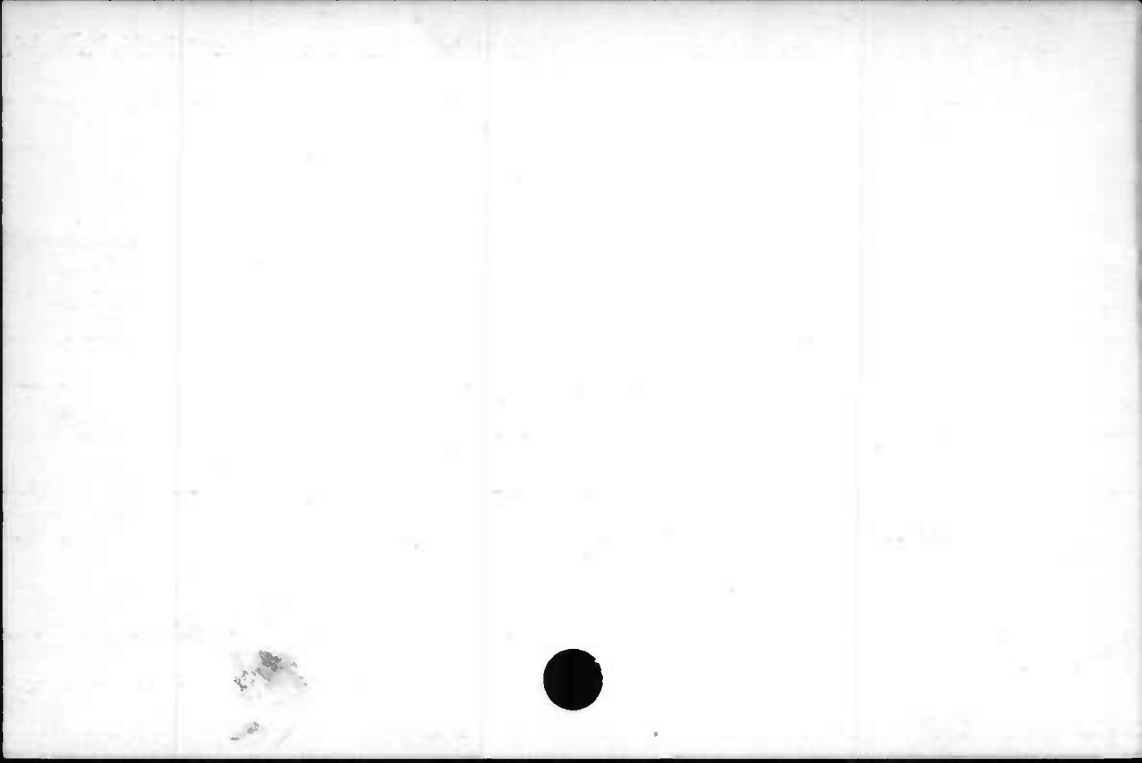
J. M. Wilson M. D.

Address

Pocomoke City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Annie Thompson


CERTIFICATE OF DEATH

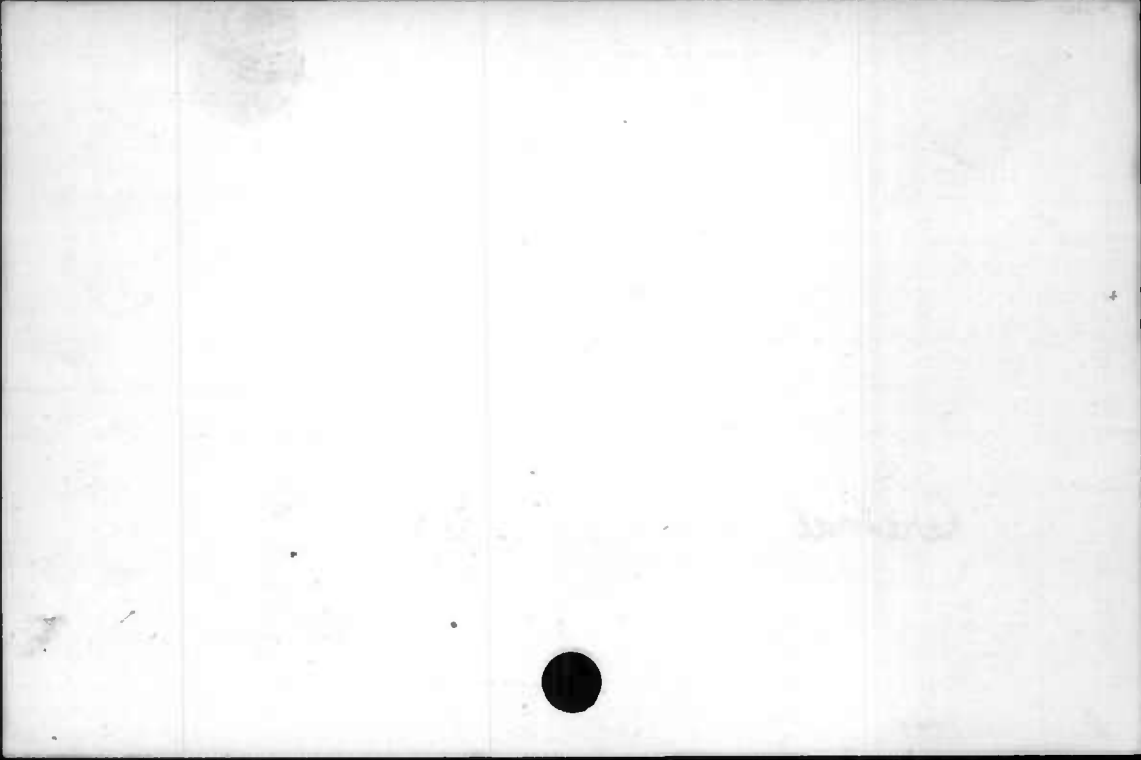
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>64</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Mathias Lorman</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Annie Lorman</i>		Mother's Birthplace			
Name of person giving information <i>Maud E. Worlman</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i> 	How long <i>5 days</i>
Immediate <i>Sudden Heart Depression</i> <i>Paralysis</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Driskell</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	



Name
in
Full

Mitchel Torwett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

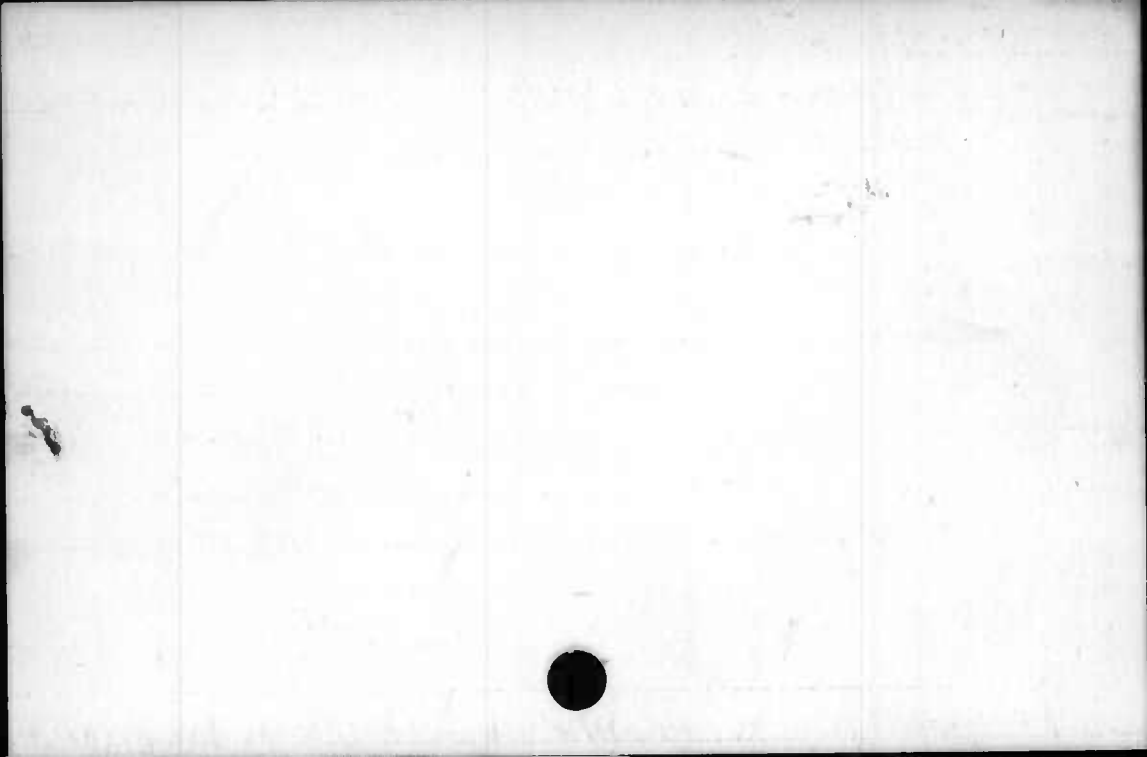
Died at <i>Near Whaleyville</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1906	Month <i>Feb</i>	Day <i>23</i>	Years <i>37</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Harmon</i>		
Name of Wife or Husband <i>Elsana Torwett</i>					
Father's Name <i>Peter Torwett</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Maria Torwett</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Peynter Watson</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

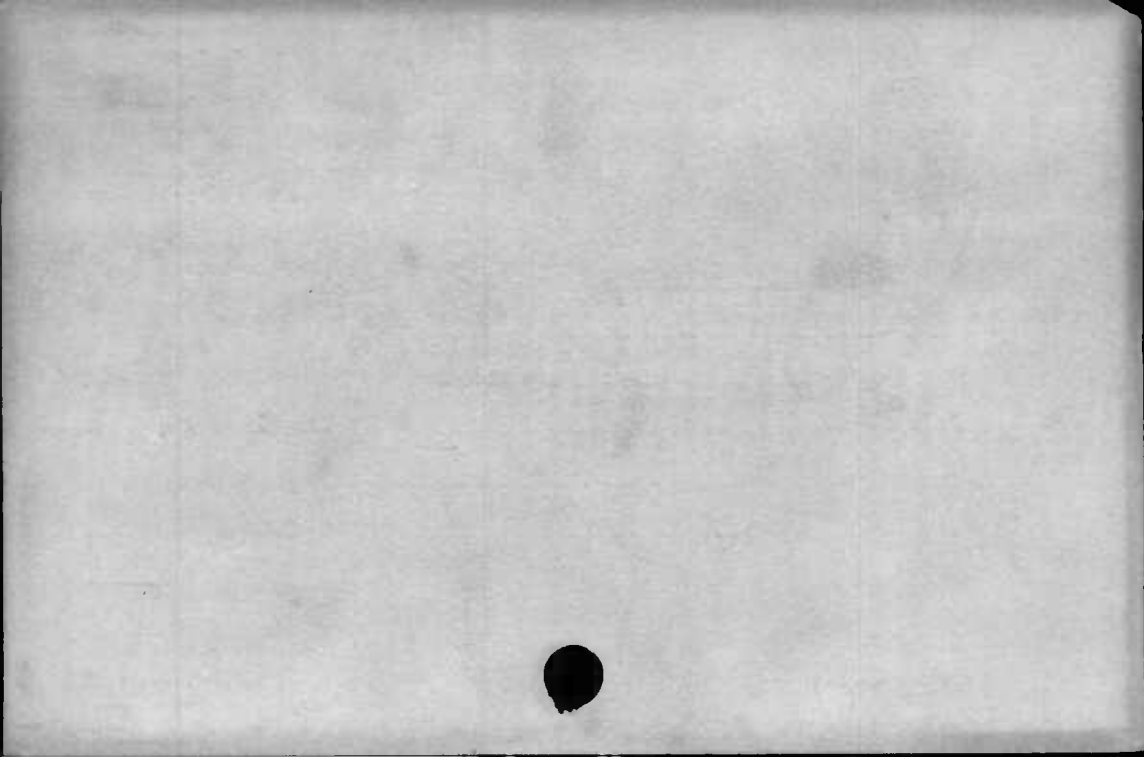
PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>
<i>T Bayne Bishop</i>	Address
Accident or Suicide? <i>Ind</i>	

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Name in Full		Hester J. Mualtore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pawnee		Town		Worcester	
	County						
	Date of death	1906	Month	2	Day	20	Age
	Years		67		Months		Days
	Sex	Female		Color or Race	Colored		Birth-place
	Md.						
	Occupation	No occupation		Where Residing if not at place of death			
	r						
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name						Father's Birthplace
	Mother's Maiden Name						Mother's Birthplace
	Name of person giving information					How related to deceased	
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH ,</div>						
PHYSICIAN OR CORONER	Primary	Cardiac Insufficiency				How long	1 yr.
	Immediate	Collapse				How long	1 wk.
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				J. M. Milner, M. D.		
	Address				Pawnee City		
Accident or Suicide?							



Name
in
Full

David L. Pruitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Friendship* ^{Town} *Worcester* ^{County} *MARYLAND*

Date of death *1906* ^{Month} *2* ^{Day} *4* ^{Age} *67* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah E. Parsons*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Thos Pruitt* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer* *(45)* How long *One year*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* *Dr R. P. Collins*

Address *Bishopville*

Accident or Suicide? *Ind*

